

NOTARY CLASS REGISTRATION FORM

Person to Attend Notary Training Class

First Name:	Last Name:		
Home Mailing Address:			
Street or P.O. Box	City	State	Zip Code
Daytime Phone:		(please include area code)	
E-mail Address:			
Notary	y Training Class Rec	quested	
Date:	Time:		
Class Location:			
Verify class availabili			on form.
THERE IS A \$45.00 FEE			
Payment for class	must accompany thi	is registration	form.
Method of payment attached: Check Credit Card Checklist Form			
Class registration forms received without appropriate funds will be rejected.			
	ATTENTION:		
* If you do not attend your reserved class, your payment is forfeited.			
* Confirmation letters <i>MUST</i> be a Refunds will be issued for duplications.		I be asked to pay at th	e time of class.
* If you have not received your cor	nfirmation notice, you may call a	and verify your registra	tion 36 hours

* Any and all changes *must* be submitted more than 7 working days before the date of the registered class. *No refunds can be issued if the request is received after the 7 working day deadline.*

before the scheduled class by contacting our Customer Service Division at (775) 684-5708.

* Once you are registered for a class there is a \$10.00 fee to switch to another class. Transfers to another class *must* be completed no later than 7 working days before the registered class.

Remit to: Secretary of State, Notary Training

101 N. Carson Street, Suite 3 Carson City, NV 89701-3714

Phone: (775) 684-5708 Fax: (775) 684-7141